



Office of the Louisiana State Fire Marshal
Code Enforcement and Building Safety

Department of Public Safety and Corrections
Public Safety Services



In-Home Day Care Pre-Approval Form

Reply to each question by placing either a **Y** (yes) or **N** (no) in the box to the left of each question.

	1.	Are matches, lighters and other sources of ignition out of reach of children?
	2.	Are portable electric heaters of an approved type, equipped with a tilt switch and located away from combustibles?
	3.	Does the residence have at least one smoke detector which is properly installed, located and maintained?
	4.	Are protective receptacle covers installed in all areas occupied by children under 5 years of age?
	*5.	Does every room used for sleeping, living, or dining purposes have at least two means of escape, at least one of which is a door or stairway providing a means of unobstructed travel to the outside of the building?
	6.	Are stairways maintained and free of storage items?
	7.	Is every closet door designed to permit the opening of the locked door from inside the closet?
	8.	Is every bathroom door lock designed to permit the opening of the locked door from the outside in an emergency, and is the opening device readily accessible?
	9.	Is a properly charged portable fire extinguisher (minimum 2A) readily accessible?
	10.	Is the hot water heater properly installed?
	11.	Does the residence have adequate lighting and ventilation?
	*12.	Are unvented fuel-fired room heaters used only in room in which a window is raised?
	13.	Are flammable liquids properly stored?
	14.	Are combustibles stored away from heating units or water heaters?
	15.	Are wiring, fixtures, and appliances in the residence safe?
	16.	Does the residence have an adequate water supply and a working sewerage system?
	17.	Is the residence clean and free of insect and rodent infestation?
	18.	Is garbage disposed of properly?
	19.	Is the temperature of the refrigerator 40 F or below? (Thermometer must be left in refrigerator for at least 10 minutes to achieve an accurate reading.)

BY SIGNING THIS DOCUMENT, I CERTIFY THE CONDUCT OF THIS REVIEW.

_____	_____	_____
Print Name	Signature	Date

*If answer is NO, a completed Assurance Statement form must be attached.